APPLICATION FOR UNITED STATES SERVICE ACADEMY NOMINATION

PERSONAL INFORMATION

Last Name:	First	MI
Date Of Birth//	Social Security #	/
33rd District Address:		
City:	Zip:	County:
Home Phone:/	Daytime Phone:	
Mailing Address: (if different	nt from above)	
		Zip
Parent's Names:		
Parent's Address: (for paren	t not in same household)	
City:	State:	Zip:
EDUCATIONAL INFORM	MATION	
High School:		
City	Date of Graduation	
Counselor:	Phone:	_/
Grade Point Average:	or Class Standing:	as of

Application - Page 2

If you are a high school graduate, complete the following:

College	
	Credit Hours Earned
Grade Point Average:	
Scholastic Honors:	
Freshman:	
·	
·	
(Additional sheets may be us	
Athletic Activities: (Please note varsity letters earned an	nd leadership positions held.)
Freshman:	
Sophomore:	
Junior:	
(Additional sheets may be us	
Medical: Have you ever had asthma or any ot Yes No Explai	her respiratory ailment?
Do you have 20/20 vision?Y	Yes No

Extracurricular activities: (Please include both school related and outside activities; note leadership positions held.) Junior: Senior: (Additional sheets may be used if necessary.) **COLLEGE ENTRANCE EXAMINATIONS:** ACT 1st exam date: 2nd exam date: SAT 1st exam date: 2nd exam date: **EMPLOYMENT HISTORY** Please list any part-time or full-time jobs you have held since you have been in high school: **Employer** Dates: Hours per week (Additional sheets may be used if necessary.) OTHER NOMINATING SOURCES

Please check all other service academy nominating sources to which you are applying:

() Senator Boxer () Senator Feinstein () Vice President